



POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. h.	14	2/1/00
O.I.P.E. CLASSIFIER			2/1/00
FORMALITY REVIEW	h. j.	67479	2/1/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

BEST AVAILABLE

Claim	Final	Original	Date
1	✓	✓	1/15/00
2	✓	✓	1/15/00
3	✓	✓	1/15/00
4	✓	✓	1/15/00
5	✓	✓	1/15/00
6	✓	✓	1/15/00
7	✓	✓	1/15/00
8	✓	✓	1/15/00
9	✓	✓	1/15/00
10	✓	✓	1/15/00
11	✓	✓	1/15/00
12	✓	✓	1/15/00
13	✓	✓	1/15/00
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If more than 150 claims or 10 actions  
staple additional sheet here

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